



Waukesha County Dept. of Parks & Land Use – Land Resources Division  
1320 Pewaukee Road, Room 260  
Waukesha, WI 53188-3868

Phone: 262-896-8300

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## Storm Water Permit Application Form

Project Name: \_\_\_\_\_

Project Type (From Fee Schedule): \_\_\_\_\_

Project Location: \_\_\_\_\_ 1/4, Section \_\_\_\_\_ Township of \_\_\_\_\_

The following contacts are required at the time of application: (Enter on back page)

- **Applicant:** The person or entity holding fee title to the property or their representative. The applicant shall sign the initial permit application form in accordance with the items 1-5 listed below, after which the applicant may provide written authorization for others to serve as the applicant's representative: **1)** In the case of a corporation, by a principal executive officer of at least the level of vice-president or by the officer's authorized representative having overall responsibility for the operation of the site for which a permit is sought; **2)** In the case of a limited liability company, by a member or manager; **3)** In the case of a partnership, by the general partner; **4)** In the case of a sole proprietorship, by the proprietor, or; **5)** For a unit of government, by a principal executive officer, ranking elected official or other duly authorized representative.
- **Engineer** (or Planner): The primary contact for the preparation of erosion control and storm water management plans. All plan review comments will be addressed to this contact. For all storm water plans and other engineering, this person must: 1) be a licensed P.E. in Wisconsin; 2) stamp P.E. number and sign all plans submitted as part of permit; and 3) oversee and verify construction of all practices.

Additional contacts are required before a permit will be issued:

- The primary contact for all **site grading & temporary erosion control practices**.
- The primary contact for implementing all **restoration & stabilization practices**.

**Please indicate which one you wish to apply for:** (Items listed required to process application)

### \_\_\_\_ Preliminary Review Letter

Items submitted: (Office use only)

1. Signed Application
  2. Application Fee
  3. Site Plan Map (Checklist #1)
  4. Preliminary Erosion Control Plan (Checklist #2)
  5. Preliminary Storm Water Mgt. Plan (Checklist #3)
  6. Preliminary Maintenance Agreement
- 5/4/2005

### \_\_\_\_ Storm Water Permit

Items submitted: (Office use only)

1. Signed Application
2. Application Fee
3. Site Plan Map (Checklist #1)
4. Final Erosion Control Plan (Checklist #2)
5. Final Storm Water Mgt. Plan (including inspection plan - Checklist #3)
6. Maintenance Agreement
7. Financial Assurance

**Storm Water Management Permit Application (Page 2)**

**Applicant Contact Information: (required to process application)**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If the box is checked below, I hereby authorize the contact(s) identified to serve as my representative(s).

I understand by submitting this application, County staff may enter upon the subject site to obtain information necessary to administer the ordinance.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Engineer Contact Information: (required to process application)**

☐ Authorized as applicant representative

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Additional contacts for installation and maintenance of temporary erosion control practices and final site restoration and stabilization practices will need to be identified **prior** to a permit being issued. Please use the **Waukesha County Storm Water Permit Supplemental Information** form.

**Application Fee:** \$ \_\_\_\_\_

**Additional Fee:** \$ \_\_\_\_\_

**Total Fee:** \$ \_\_\_\_\_

**Office use only**

☐ **Double Fee**

☐ **Fee Exemption**

**Date stamp here**

**Receipt #:** \_\_\_\_\_

**Received By:** \_\_\_\_\_